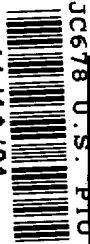


12-10-01


A

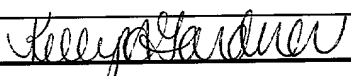
11/13/01



<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</small>	Attorney Docket No. <b>A-7482</b>	
	First Inventor or Application No. <b>RODRIGUEZ, ARTURO A.</b>	
	Title	<b>GRAPHIC USER INTERFACE ALTERNATE DOWNLOAD OPTIONS FOR UNAVAILABLE PRM CONTENT</b>
	Express Mail Label No. <b>EL745333118US</b>	

U.S. PTO  
10/08/01

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>49</u> ]	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>20</u> ]	<b>ACCOMPANYING APPLICATION PARTS</b>
4. Oath or Declaration [Total Pages <u>3</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:
16. <input checked="" type="checkbox"/> If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the information below and in a preliminary amendment. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/896,331 Prior application information: Examiner: Unknown Group Art Unit: 2613 of prior application No: 09/896,390 Prior application information: Examiner: Unknown Group Art Unit: 2611 of prior application No: 09/896,231 Prior application information: Examiner: Unknown Group Art Unit: 2612	
<b>17. CORRESPONDENCE ADDRESS</b>	
<input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below	
Name <b>05642</b>	
Address	
City	State
Country	Telephone
	Zip Code
	Fax

Name (Print/type)	KELLY A. GARDNER	Registration No (Attorney/Agent)	35,147
Signature		Date	NOVEMBER 13, 2001

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: RODRIGUEZ, ARTURO A.  
DOCKET NO.: A-7482  
TITLE: GRAPHIC USER INTERFACE ALTERNATE DOWNLOAD OPTIONS  
FOR UNAVAILABLE PRM CONTENT

NOVEMBER 13, 2001

**FEE TRANSMITTAL FORM**

Box PATENT APPLICATION  
Commissioner for Patents  
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

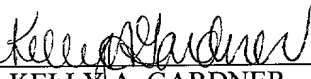
	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	6	3	3	\$ 84.00	\$252.00
Total Claims	81	20	61	\$ 18.00	\$1,098.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$740.00	\$740.00
Total Filing Fee					\$2,090.00

One duplicate original of this sheet is enclosed.

**SEND CORRESPONDENCE TO:**

Scientific-Atlanta, Inc.  
Intellectual Property Dept. MS 4.3.518  
5030 Sugarloaf Parkway  
Lawrenceville GA 30044

By:

  
KELLY A. GARDNER  
Attorney of Record  
Reg. No.: 35,147  
Phone: (770) 236-7866  
Fax No.: (770) 236-4806

**Certificate of Mailing**

**EXPRESS MAIL NO.: EL745333118US**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to:

Box PATENT APPLICATION  
Commissioner for Patents  
Washington, DC 20231

on NOVEMBER 13, 2001.

  
Maryellen Licker